

**Department of Public Health and Social Services**  
**Division of Environmental Health**  
**Food Establishment Inspection Report**

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INSPECTION	R&N	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	07 / 10 / 2017		ARIRANG	
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT	PERMIT HOLDER	
Complaint				3:12 PM	4:00 PM	WINKSTAR INC.	
Investigation			RATING	SANITARY PERMIT NO.		LOCATION (Address)	
Other:			A	160002100		UNIT C-216 MICRONESIAN MALL, DEDEDO	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
STALL STAND				1	633-6666	0	3
				No. of Repeat Risk Factor/Intervention Violations			
				0			

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	N/A	N/O		6
5	IN	OUT	N/A	N/O		6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	N/A	N/O		6
7	IN	OUT	N/A	N/O		6
8	IN	OUT				6
<b>Approved Source</b>						
9	IN	OUT				6
10	IN	OUT	N/A	N/O		6
11	IN	OUT				6
12	IN	OUT	N/A	N/O		6
<b>Protection from Contamination</b>						
13	IN	OUT	N/A			6
14	IN	OUT	N/A			6
15	IN	OUT				6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	N/A	N/O		6
17	IN	OUT	N/A	N/O		6
18	IN	OUT	N/A	N/O		6
19	IN	OUT	N/A	N/O		6
20	IN	OUT	N/A			6
21	IN	OUT	N/A	N/O		6
<b>Consumer Advisory</b>						
22	IN	OUT	N/A			6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	N/A			6
<b>Chemical</b>						
24	IN	OUT	N/A			6
25	IN	OUT				6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and

I am aware of the corrective measures that shall be taken

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

K. DUENAS

HOSIN

SONG

L. NAVARRO

Date:

7/10/2017

Follow-up (Circle one):

YES (NO)

Follow-up Date

N/A

# Food Establishment Inspection Report

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ARRANG

LOCATION (Address)

UNIT C26 MICRONESIA MAN PLEASD

INSPECTION DATE

INSPECTION DATE  
7/10/17

SANITARY PERMIT NO.

SANITARY PERMIT NO. 60002100

PERMIT HOLDER

PERMIT HOLDER  
WINSTAR INC.

[illegible]

ITEM NO.

### OBSERVATIONS AND CORRECTIVE ACTIONS

**CORRECT  
BY DATE**

**Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.**

A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY. PREVIOUS INSPECTION WAS CONDUCTED ON 6/23/17 (36/C). PREVIOUS VIOLATION'S WERE CORRECTED (ITEMS #1, 6, 8, 20, 32, 35, 38, 44, & 46). NO NEW VIOLATIONS WERE OBSERVED TODAY.

DEH RECOMMENDED TO CONTINUE TO WORK WITH PEST CONTROL COMPANY TO CONTROL PRESENCE OF COCKROACH FROM OCCURRING AGAIN. ALSO, REMINDED PIC ON THE IMPORTANCE OF INTEGRATED PEST MANAGEMENT SUCH AS KEEPING THE FACILITY CLEAN AND FREE FROM FOOD AND WATER THAT MAY PROVIDE HARBOURAGE FOR ROACHES.

REMOVED "NOTICE OF CLOSURE" PLACARD.  
POSTED "A" PLACARD NO. 02487.

A \$100 RE-INSTATEMENT FEE SHALL BE PAID TO THE DEPT. OF PUBLIC HEALTH & SOCIAL SERVICES PRIOR TO THE RE-INSTATEMENT OF SANITARY PERMIT.

BRIEFER PIC, HOJIN SONGS IN THE ABOVE INFORMATION.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person In Charge (Print and Sign)

Large (Print and Sign) HOLIN SONG

DEH Inspector (Print and Sign)

KATHERINE OWENS

White: DPHSS/DEH      Yellow: Food Establishment

Date:

Date: 7/10/2017

Date \_\_\_\_\_

7/10/15

## Revised: 10/28/05 rbc

**NO KA OI TERMITE PEST CONTROL (GUAM) INC.**DATE: 07-10-17 TECHNICIAN: Jasper REVIEWED BY: \_\_\_\_\_COMPANY NAME: ARIKANGJOB LOCATION: Micro MallTYPE OF SERVICE: Follow-up

RECOMMENDATION(S): \_\_\_\_\_

**PRODUCT(S) USED**

PRODUCT NAME	CONCENTRATE AMT.	PERCT%	TOTAL USED - GALS/GRAMS/SCOOPS

**NO KA OI****Termite & Pest Control(Guam), Inc.**

P.O.Box 24426, GMF, Guam 96921

Tel: (671) 734-1773 • Fax (671) 734-1777 • License No. 4653

www.nkoguam.com

Date of Service 07-10-17Time in 10:30 AM Time Out \_\_\_\_\_Customer Name ARIKANGService Address Micro Mall**DESCRIPTION OF SERVICE**No. **11- 57603**

Did inspection to interior under/around Hotlines chairs  
Dish Washing area, prep tables sink shelves, cabinets,  
cashier area and Found No Activity...

Remarks: No ActivitySanitation Good!!!Thank You!!I hereby acknowledge the satisfactory completion of the above described work. Jasper

Print and Sign

Technician Jasper

Signature